

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10 / 539248						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			1			51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		3		1			59						
10		①		1			60						
11		①		1			61						
12		①		1			62						
13		①		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		3		1			67						
18		3		1			68						
19		3		1			69						
20		3		1			70						
21		3		1			71						
22		3		1			72						
23		3		1			73						
24		3		1			74						
25		3		1			75						
26		3		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		3		1			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	50	←	26	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	54		30				TOTAL CLAIMS						